



HAULER'S LICENSE APPLICATION

Chittenden Solid Waste District
 19 Gregory Dr., Ste. 204
 South Burlington, VT 05403
 802-872-8100, compliance@cswd.net

License Year: July 1, _____ to June 30, _____

This application is submitted in accordance with the CSWD Solid Waste Management Ordinance, Article IV for the purpose of obtaining a license to collect, transfer or transport solid waste generated or delivered within the District. Note: An approved license from CSWD shall be obtained prior to operating any vehicle for the collection, transfer, or transport of solid waste.

A. Applicant Information:

Check one: <input type="checkbox"/> New Hauler License <input type="checkbox"/> Renewal License for Previously Licensed Hauler <input type="checkbox"/> Modification (e.g. add/delete vehicle)		
Business / Trade Name:		Phone No.
Address:		Zip Code
Mailing Address: (if different from physical location)		Zip Code
Owner Name:	Phone No.	Email
Contact Name: (if different from owner)	Phone No.	Email

B. Towns served (check all that apply, list others and add additional sheet if necessary):

<input type="checkbox"/> Bolton	<input type="checkbox"/> Essex	<input type="checkbox"/> Jericho	<input type="checkbox"/> South Burlington	<input type="checkbox"/> Williston
<input type="checkbox"/> Burlington	<input type="checkbox"/> Essex Jct	<input type="checkbox"/> Milton	<input type="checkbox"/> St. George	<input type="checkbox"/> Winooski
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hinesburg	<input type="checkbox"/> Richmond	<input type="checkbox"/> Underhill	<input type="checkbox"/> Other:
<input type="checkbox"/> Colchester	<input type="checkbox"/> Huntington	<input type="checkbox"/> Shelburne	<input type="checkbox"/> Westford	

C. Destinations for recyclables, construction/demolition waste, yard trimmings, food scraps, scrap metal, tires, landfill bound trash (check all that apply, list others and add additional sheet if necessary):

<input type="checkbox"/> Myers C&D Recycling Red Can Dr, Colchester	<input type="checkbox"/> McNeil Wood & Yard Waste Depot Intervale Rd, Burlington
<input type="checkbox"/> CSWD Materials Recovery Facility (MRF) Ave C, Williston	<input type="checkbox"/> Waste USA – Coventry Landfill
<input type="checkbox"/> CSWD Organics Diversion Facility (fka Green Mtn Compost) Redmond Rd, Williston	<input type="checkbox"/> Other:
<input type="checkbox"/> Casella Transfer Ave B, Williston	<input type="checkbox"/> Other:

Application No.:			
Date application received:		Received by:	
Date fee received:		Received by:	
Certificate of Liability Insurance received or on file (circle one): Y N			
State Waste Transportation Permit obtained (circle one): Y N			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	By:	Date:

FOR DISTRICT USE ONLY



HAULER'S LICENSE APPLICATION *cont.*

D. List all registered motor vehicles –not trailers--below (attach separate sheet if needed):

Vehicle Make	Year	Plate No. (include State if not VT)	VIN	Body Type Code(s)*
1				
2				
3				
4				
5				

***Body Type Codes:**

TT - Tractor Trailer RL - Rear Loader SPL - Split Compartment BOX - Box DUMP - Dump
 FL - Front Loader SL - Side Loader RO - Roll Off STAKE - Stake OTHER - Other

E. Certificate of Insurance

Pursuant to Section 4.6 G of CSWD's Solid Waste Management Ordinance, Hauler's must maintain liability insurance coverage at or above the following levels for the term of the license: \$100,000 per person and \$300,000 per occurrence for personal injury or death, and \$100,000 per occurrence for property damage. CSWD must be listed as an additional insured on the policy.

- Certificate of Insurance attached
- Certificate of insurance on file with CSWD. Expiration date: _____

F. Customer education

Pursuant to Section 4.8 G of CSWD's Solid Waste Management Ordinance, **commercial haulers** are required to provide instructions on the proper management of Mandatory Recyclables, Special Wastes, Unregulated Hazardous Waste, and Compostables to new customers when service commences and to all customers on an annual basis at a minimum. Please indicate the method(s) used for delivery of instructions (check all that apply).

- Hand delivery Email
- USPS Other: _____ (please specify)

G. Fee due (check or money order made payable to CSWD is due at time of application):

\$15.00 per vehicle x number of vehicles = \$ _____

Note: Member municipalities are exempt from fees per Section 4.3 of the CSWD Solid Waste Management Ordinance.

H. Applicant certification and signature:

I certify that the information contained in this application is true and accurate to the best of my knowledge and that I am the owner or have the lawful authority to sign this document on behalf of the owner. I understand that by signing this application, I have read and understand the conditions of this License as written in the CSWD Solid Waste Management Ordinance (amended 2022). I also understand that changes to the information contained in this application must be reported to the District within 5 business days.

Printed Name: _____

Signature: _____ Date: _____